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ALEXANDRIA, 1	VA 22314						(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/551,224	10/551,224 02/27/2006		Taoufik En-Najjary			0600-1190 4280		
TITLE OF INVENTION: AND SYSTEM IMPLEME	NTING SAID ANAL	YSIS METHOD	*	nemponenenenenenenenenen kikkeekkaala	Wardin saineanna	nganananananananan panjanjanjanjanjanjanjanjanjanjanjanjanja		
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nonprovisional	NO	31510	\$300	.so		\$1810	12/03/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
CHAWAN, V  1. Change of correspondence		2626	704-207000		************			
CFR 1.363).  Li Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  I "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			or agents OR, afterna (2) the name of a sin registered attorney or 2 registered patent at listed, no name will b	name of a single firm (having as a member a ed attorney or agent) and the names of up to cred patent attorneys or agents. If no name is o name will be printed.				
(A) NAME OF ASSIGN	an assignce is identi n 37 CFR 3.11. Comp EE		data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT	patent. If an ass a assignment. 'Y and STATE Of			ocument has been filed for	
France Tel			Paris, Fra					
Please check the appropriate	e assignee category or	categories (will not be pa	inted on the patent):	Individual 🛇	Corporati	on or other private gro	up entity 🔲 Government	
4a. The following fee(s) are submitted:  \$\frac{\text{\text{Lissue Fee}}}{\text{\text{Lissue Fee}}}\$  \$\frac{\text{\text{Lissue Fee}}}{\text{\text{Lissue Fee}}}\$  \$\frac{\text{\text{Lissue Fee}}}{\text{\text{Lissue Fee}}}\$  \$\frac{\text{Lissue Fee}}{\text{Lissue Fee}}\$  \$\frac{\text{Lissue Fee}}{Liss			<ul> <li>4b. Payment of Fee(s): (Picase first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number250.120_ (enclose an extra copy of this form).</li> </ul>					
5. Change in Entity Status  La. Applicant claims St	MALL, ENTITY statu	s. See 37 CFR 1.27.	th. Applicant is no in		ALL EN			
NOTE: The Issue Fee and P interest as shown by the reco	ords of the United Stat	es Patent and Trademark	office.	ис аррисан; а п	gisiered a	anciney of agent, of th	e assignee or other party in	
Authorized Signature	(MM)	$^{\prime}$ $\mathcal{W}$	<u> </u>	Date No	ovemb	er 19, 2009	9	
Typed or printed name	<u>Robert J. 1</u>	Patch	STILLED STATES AND STATES	Registration No. 17, 355				
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